

From: s 47F
To: [Notify](#)
Cc: s 47F
Subject: RE: Comcare Reference Number: NOT00034621 CRM:0185916 [SEC=OFFICIAL]
Date: Friday, 3 May 2024 1:15:16 PM
Attachments: [NOT00034621 - Lee Point NT.pdf](#)

OFFICIAL

Good afternoon Comcare,

Please find attached a written notification of the **not notifiable** incident at Lee Point.

Regards,
 s 47F | Assistant Director Work Health & Safety
 Governance | Defence Housing Australia
 111 Phillip St, Parramatta, NSW 2150
 T. s 47F
 s 47F dha.gov.au

From: Notify <Notify@comcare.gov.au>

Sent: Thursday, May 2, 2024 3:31 PM

To: s 47F

Subject: Comcare Reference Number: NOT00034621 CRM:0185916 [SEC=OFFICIAL]

[EXTERNAL] This email originated from outside of the organisation. Please do not click links or open attachments unless you recognise the sender and know that the content is safe.

OFFICIAL

Comcare Reference Number: **NOT00034621 - LEE POINT, NT, 0810 . Incident**
date/time: 2/05/2024 Time of incident: Not known

Thank you for submitting an incident notification to Comcare. In accordance with the *Work Health and Safety Act 2011 (Cth)* and *Work Health and Safety Regulations 2011*, it is a requirement that you must:

- review and as necessary revise control measures implemented to maintain, so far as is reasonably practicable, a work environment that is without risks to health or safety.
- ensure, so far as reasonably practicable, that the site where the incident occurred is not disturbed until an Inspector arrives or directs otherwise.
- provide a written notice to Comcare within 48 hours if you have notified this incident by telephone.
- keep a record of this incident notification for at least five years, from the date the incident notification was lodged.

For more information about incident notification obligations please refer to Comcare's [Guide to Work Health and Safety Incident Notification](#).

We will be in contact to advise whether Comcare intends to take any action in regard to this matter or should additional information be required. If you need to amend or update any details, or require further information, please contact Comcare on 1300 366 979 or email notify@comcare.gov.au.

[Guide to Work Health and Safety Incident Notification](#)

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Defence Housing Australia will send you correspondence and documents by email if you request or if you use email to contact us. Email is not a secure form of communication and may transmit computer viruses.

intmx02.dha.gov.au[18797428]



Australian Government

Comcare

NOTIFICATION OF AN INCIDENT

This notification form is approved by Comcare for the purposes of section 38(5) of the *Work Health and Safety Act 2011* (Cth).

MANAGEMENT OF AN INDIVIDUAL'S PRIVACY

This form seeks to collect information—including personal information—for the purpose of administering and enforcing the WHS Act and the Work Health and Safety Regulations 2011 (Cth) (WHS Regulations).

Comcare is authorised by law to collect personal information under section 38 of the WHS Act where it is reasonably necessary to do so when administering and enforcing the Act and Regulations. Information on how Comcare manages an individual's privacy is available at http://www.comcare.gov.au/about_us/privacy.

INSTRUCTIONS

The red numbers in the form indicate the relevant section in the attached 'Guidance and examples'. All questions marked with an asterisk (*) are mandatory.

For further guidance refer to Comcare's *Guide to work health and safety incident notification*.

The duty to notify is held at all times by the person conducting the business or undertaking. (1)

Notifications can be given to Comcare by fax on 1300 305 916.

1. Details of the person conducting the business or undertaking (PCBU) which gave rise to the incident

* Agency/department/authority/company	Defence Housing Australia
* Australian Business Number (ABN) (2)	72 968 504 934
* Australian Company Number (ACN) (2)	968504934
* Street address	35 Hinder Street
* Town/suburb	Gungahlin
* State	ACT
* Postcode	2912

Person with management or control (PWMC) of the workplace where the incident occurred (2a)

* ☐ As above ☒ Other

If you have selected 'other' please complete the following

* Agency/department/authority/company	s 47G
* Australian Business Number (ABN) (2)	
* Australian Company Number (ACN) (2)	
* Street address	
* Town/suburb	
* State	
* Postcode	

2. Previous notification of this incident

Has this incident been notified to Comcare previously, by telephone or in writing (fax or email)?

☒ Yes ☐ No

If you have selected 'yes', please tick one of the following reasons for subsequent notification:

- ☒ Required by Comcare after previous telephone notification
- ☐ Requested by Comcare after previous written notification
- ☐ Additional information being notified
- ☐ Change to information previously notified
- ☐ Other

If 'other', what is the reason?

Method of first notification to Comcare

☒ Telephone ☐ In writing ☐ Other

Date first notified to Comcare

02/05/2024

Comments—include Comcare reference number if known

Comcare Reference Number: NOT00034621, LEE POINT, NT, 0810. Incident date/time: 2/05/2024 Time of incident: Not known

DHA is of the opinion that this incident is a "Not Notifiable Incident", however information in sections is provided to Comcare for their determination - not all sections are filled in as per what would be a normal notification.

3. Details of the incident

* Date of incident

* Time of incident

* Type of incident (3)

- ☐ The death of a person
- ☐ A serious injury or illness of a person
- ☐ A dangerous incident

* Serious injury or illness type (if applicable) (4)

- ☐ Treatment as inpatient in a hospital
- ☐ Amputation of any part of body
- ☐ Serious head injury
- ☐ Serious eye injury
- ☐ Serious burn
- ☐ Separation of skin from underlying tissue (such as degloving or scalping)
- ☐ Spinal injury
- ☐ Loss of a bodily function
- ☐ Serious lacerations
- ☐ Medical treatment within 48 hours of exposure to a substance

Did the injury or illness require the person to have 'immediate' treatment?

- ☐ Yes ☐ No

* Dangerous incident type (if applicable) (5)

- ☐ An uncontrolled escape, spillage or leakage of a substance
- ☐ An uncontrolled implosion, explosion or fire
- ☐ An uncontrolled escape of gas or steam
- ☐ An uncontrolled escape of a pressurised substance
- ☐ Electric shock
- ☐ The fall or release from a height of any plant, substance or thing
- ☐ The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
- ☐ The collapse or partial collapse of a structure
- ☐ The collapse or failure of an excavation or of any shoring supporting an excavation
- ☐ The inrush of water, mud or gas in workings, in an underground excavation or tunnel
- ☐ The interruption of the main system of ventilation in an underground excavation or tunnel

Was there a serious risk to a person's health and safety that was 'immediate or imminent'?

- ☐ Yes ☐ No

Did this incident occur at a major hazard facility? (6)

- ☐ Yes ☐ No

Where did the incident occur?

* Workplace known as (7)	Lee Point - lot 9370
* Street address	577 Lee Point Road
* Town/suburb	Lee Point
* State	NT
* Postcode	0830
* Country	Australia

* Describe the exact location of the incident (8)

Gate 2 along residential wall

* Describe the sequence of events immediately leading up to the incident, including what, if anything, may have gone wrong (9)

Current land clearing on the Lee Point development aroused the interest of protestors some of whom appear to have acted maliciously by placing spikes on the ground.

* What activity was being performed when the incident occurred? (10)

The security team were gathered for a morning briefing when one of their workers stepped on a spike placed by an unknown protestor.

* What, if any, plant, vehicles, equipment, substances or things were involved in the incident? (11)

NA

4. Details of persons who died or suffered serious injury or illness

Note: You must include the full names and details of all persons who died or suffered a serious injury or illness.

Person 1

* Title

* First names

* Last name

* Date of birth

* Residential address

* Town/suburb

* State

* Postcode

* Occupation (if relevant)

* Employer (if relevant)

* Telephone number

* Email address (if known)

* Relationship to the PCBU (12)

☐ Employee

☒ Contractor/Self-employed

☐ Labour hire worker

☐ Group training apprentice or trainee

☐ Volunteer

☐ Member of the public

☐ Defence youth cadet

☐ Other

* Injury/illness details (13)

s 47F

working for Neptune Security received a puncture wound to the foot from stepping on the spike

* Details of any treatment received or needed (14)

s 47F

* Where was the injured person taken for treatment?

s 47F

Person 2 (if applicable)

* Title

* First names

* Last name

* Date of birth

* Residential address

* Town/suburb

* State

* Postcode

* Occupation (if relevant)

* Employer (if relevant)

* Telephone number

* Email address (if known)

* Relationship to the PCBU (15)

- ☐ Employee
- ☐ Contractor/Self-employed
- ☐ Labour hire worker
- ☐ Group training apprentice or trainee
- ☐ Volunteer
- ☐ Member of the public
- ☐ Defence youth cadet
- ☐ Other

* Injury/illness details (16)

* Details of any treatment received or needed (17)

* Where was the injured person taken for treatment?

Additional injured persons (if applicable)

* Details of any other persons injured in the incident (17)

5. Details of workers involved in a dangerous incident (if not already named above)

Note: These persons may be contacted to provide additional information about this incident.

* First names

* Last name

* Role for the relevant work task giving rise to the incident

* Employer (if not the PCBU)

* Telephone number

* Email address (if known)

Worker 2 (if applicable)

* First names

* Last name

* Role for the relevant work task giving rise to the incident

* Employer (if not the PCBU)

* Telephone number

* Email address (if known)

6. Action taken or proposed to prevent a recurrence of a similar incident

* What action was taken immediately following the incident to prevent a recurrence of a similar incident—or to minimise any risk to health and safety that was present because of, or in the aftermath, of the incident? (18)

The ring road was scraped by a front end loader to remove any further potential spikes. Workers were informed to stay on the cleared area.

* Describe any longer term action taken or proposed to prevent a recurrence (if known) (19)

Work is due to be completed on this task on Sunday 05/05/2024

7. Disturbance/preservation of incident site

The person with management or control of a workplace (PWMC) at which a notifiable incident has occurred must ensure, so far as is reasonably practicable, that the site where the incident occurred is not disturbed until an Inspector arrives at the site—or any earlier time that an Inspector directs (s39(1) of the WHS Act).

* Has the site where the incident occurred been disturbed?

☐ No ☒ Yes ☐ Don't know

If you have ticked 'no' proceed to section 8.

If you have ticked 'yes' or 'don't know' please answer the following question.

* Has a Comcare Inspector arrived at the site or authorised disturbance of the incident site? (20)

☒ No ☐ Yes ☐ Don't know

If you have ticked 'yes' please complete the following.

* Inspector's name	s 22 <input type="text"/>
* Date authorised	<input type="text" value="02/05/2024"/>
* Time authorised (if known)	<input type="text" value="1150"/>

If you have ticked 'no' please answer the following.

* Has the incident site been disturbed for one of the reasons set out in section 39(3) of the WHS Act? (20)

☐ No ☒ Yes ☐ Don't know

* Primary reason for disturbance (20a)

- ☐ To assist an injured person
- ☐ To remove a deceased person
- ☐ To make the site safe or to minimise the risk of a further notifiable incident
- ☐ Police investigation
- ☒ Inspector of the regulator has given permission

* How was the site disturbed? (20b)

Site ring road scraped

8. Details of person completing this form

* Title

* First name

* Last name

* Position/designation

* Telephone number

* Email address

9. Contact person for further enquiries

☐ As above ☒ Other

If you have ticked 'other' please complete the following

* Title

* First name

* Last name

* Position/designation

* Telephone number

* Email address

10. Person responsible for implementing longer term remedial action

☐ As in 8 above ☐ As in 9 above ☒ Other

If you have ticked 'other' please complete the following

* Title	s 47F
* First name	s 47F
* Last name	s 47F
* Position/designation	Person with management control of site
* Telephone number	s 47F
* Email address	s 47F

GUIDANCE AND EXAMPLES

1 Who should complete this form?

The duty to notify is not transferable and is held at all times by the relevant person (entity) conducting a business or undertaking (PCBU).

However, the way in which the PCBU discharges this duty may involve arranging for another entity or person to submit notifications on their behalf. For example, this could be:

- > the person with management or control (PWMC) of the workplace
- > the supervisor of the injured worker
- > any other person with identified responsibility to notify.

Any failure by that person or entity to submit a notification on behalf of the PCBU may result in the PCBU having liability for a breach of section 38 of the WHS Act.

2 Australian Business Number (ABN)

The ABN is a unique 11-digit identifying number that businesses use when dealing with other businesses, the Australian Taxation Office and other government agencies. If you do not know your organisation's ABN number, you can search for it at: <http://www.abr.business.gov.au/AdvancedSearch.aspx>

Australian Company Number (ACN)

Under the *Corporations Act 2001*, every company in Australia has been issued with a unique, nine-digit number known as an Australian Company Number (ACN). The purpose of the ACN is to ensure adequate identification of companies for business transactions. It must be shown on a range of documents.

If you do not know your organisation's ACN number, you can search for it at: <http://www.search.asic.gov.au/gns001.html>

If your company has an ABN, you may use it with your company's name in place of the ACN, provided that the ABN includes your nine-digit ACN.

2a Person with management or control (PWMC)

The person with management control of a workplace refers to the person conducting a business or undertaking to the extent the business or undertaking involves the management or control of the workplace—in whole or in part (section 20(1) of the WHS Act).

3 Type of incident

A single incident may result in multiple outcomes. For example, a crane collapse may result in a serious injury and also be a dangerous incident. The type of incident selected must relate to the most severe outcome. In this example, the type of incident would be serious injury.

The WHS Act (section 35) defines notifiable incidents as:

- (a) the death of a person
- (b) a serious injury or illness of a person
- (c) a dangerous incident.

Please refer to the WHS Act for definitions of serious injury or illness (section 36) and dangerous incident (section 37).

For assistance with interpreting these terms please refer to Comcare's *Guide to work health and safety incident notification*.

4 Serious injury or illness type

The dropdown box in the form contains the treatment and injury details specified in the WHS Act and Regulations for serious injury or illness. Select the one that most adequately represents the highest level of treatment and injury that resulted from the incident.

Serious injury or illness is defined in section 36 of the WHS Act. The Regulations may also include or exclude other injuries or illnesses as serious injuries or illnesses, but do not currently do so.

5 Dangerous incident type

The dropdown box in this form contains a list of events specified in the WHS Act and Regulations as dangerous incidents. Select the dangerous incident type that best represents the incident in terms of the risk to health and safety of workers and other persons.

Dangerous incident is defined in the section 37 of the WHS Act as an incident in relation to a workplace that exposes a worker, or any other person, to a serious risk to health or safety emanating from an immediate or imminent exposure to certain events. The Regulations may also include or exclude other events as dangerous incidents, but do not currently do so.

An accident may involve a number of incident types. For example, 'the collapse or partial collapse of a structure' may have lead to 'an uncontrolled escape, spillage or leakage of a substance'. In this case determine whether the health and safety of workers or other persons was more at risk from the collapse of the structure, or from exposure to the spilled substance, and record that incident type. If the risk is the same for each incident type, record the incident that occurred first.

6 Did this incident occur at a major hazard facility?

Major hazard facilities (MHFs) are sites that have the potential to cause major accidents, where consequences may rival natural disasters in terms of loss of life, injury, damage to property and disruption of services. To be a MHF a facility must be:

- (a) determined by Comcare to be a MHF and/or licensed under Part 9 of the WHS Regulations
- (b) a facility at which chemicals listed in Schedule 15 of the Regulations are present, or likely to be present, in a quantity that exceeds the prescribed threshold quantities.

7 Workplace known as

The general workplace where the incident occurred may have a name by which it is commonly known. For example: Robertson Army Barracks, HMAS Stirling, Melbourne Delivery Centre, National Gallery, Yulara Visitors Centre, Black Mountain Laboratories.

A full street address must also be given in the relevant fields of the form.

8 Describe the exact location of the incident

This is intended to provide accurate details of where the incident occurred, for example:

- > On the corner of Barry Drive and Baldwin Close at the traffic light situated across from the Caltex petrol station in Braddon ACT 2612.
- > Storage room across from the lift on the north side on Level 1, 14 Moore St Canberra ACT 2601.
- > Bridge pier number 206, adjacent to the southern office compound on South Road, 200 metres north of the intersection with Days Road Regency Park SA 5010.

9 Describe the sequence of events immediately leading to the incident

Examples:

- > The crane operator was performing a pick and carry of a 6 tonne load with a mobile crane. After lifting the load, the operator was driving the suspended load to another area in the yard when the crane tipped over.
- > A contractor was conducting fault testing on an electrical cabinet when he touched a live socket and received an electric shock.
- > The worker was mixing cement using a machine called a paddle mixer. As the worker attempted to remove material from the open hatch, his fingers were caught by the rotating blades.

10 What activity was being performed when the incident occurred?

Examples:

- > The worker was lifting and shifting drums manually.
- > The soldier was loading his rifle, following the safe operating procedure (SOP) for rifle loading.
- > The worker was driving through the traffic lights when a person walked in front of the truck.

11 What, if any, plant, vehicles, equipment, substances or things were involved in the incident?

Section 5 of the WHS Act defines plant as including:

- (a) any machinery, equipment, appliance, container, implement and tool
- (b) and any component of any of those things
- (c) anything fitted or connected to any of those things.

Substance is defined as 'any natural or artificial substance, whether in the form of a solid, liquid, gas or vapour'.

Examples:

- > Company truck, 2 tonne, rego ABC-123 and 25kg drums (empty).
- > F88 Steyr automatic rifle.
- > Paint solvent—methyl ethyl ketone—and leather work gloves.
- > 20 tonne Linmac mobile crane, registration number 123-456.

12 Relationship to the notifying entity

Select from the drop down list to show the relationship the injured person had to the entity that conducts the business or undertaking that gave rise to the incident.

13 Provide injury/illness details

This should be as descriptive and precise as possible.

Examples:

- > Suffered a broken left leg, sprain to the right ankle and a suspected broken rib.
- > Received minor laceration to front of head/temple and possible concussion.
- > Suffered an amputation of part of the little finger of left hand, severe laceration of the ring finger, and ligament and tendon damage to the left wrist.

14 Details of any treatment received or needed

Examples:

- > Worker taken to hospital with breathing difficulties and was admitted for observation overnight.
- > Worker taken to hospital in an ambulance, treated in casualty where burns were dressed and worker was referred for skin grafts.
- > First aid administered by first aid officer on site. Ice pack applied. Worker taken to emergency dental practice to replace knocked out tooth.

15 Provide injury/illness details (Person 2)

(Same as 13)

16 Details of any treatment received or needed (Person 2)

(Same as 14)

17 Details of any other persons injured in the incident

List each of the persons named on a different line, including details of their injuries and treatment received. Where possible include the relationship to the entity that conducts the business or undertaking that gave rise to the incident.

Examples:

- > Joe Smith—member of the public, taken to hospital and an x-ray was taken confirming fracture of the left index finger.
- > Jane Brown—employee, could be suffering from concussion, went to her local GP who advised her to apply a cold compress and gave her two days off work.

18 What action was taken immediately following the incident to prevent a recurrence?

List all immediate action that has been taken to prevent such an incident from occurring again.

Example:

The hydraulic lift was immediately returned to the loading dock and all employees were reminded to wear their personal protective gear (i.e. helmets) when in the loading zone.

19 Describe any longer term action taken or proposed to prevent a recurrence

Describe what action will be undertaken, or is proposed, to prevent future recurrences. If remedial action has not yet been determined, describe the process to determine the remedial action.

Examples:

- > An internal investigation will be undertaken to review the manual loading process and update it, if necessary.
- > Signs will be placed around the loading area reminding staff of their duty to wear appropriate safety gear at all time.
- > Check with the manufacturer and/or supplier that the guard for the power-take off shaft is the correct size and length for the drive shaft, and replace where necessary.

20 Disturbance/preservation of incident site

Subsection 39(1) of the WHS Act sets out the requirement for the PPMC to ensure the site where an incident occurred is not disturbed until an Inspector arrives at the site—or any earlier time that an Inspector directs.

For example, if the incident site is confined to a particular physical location within an office building, and no immediate risk to health and safety remains for people in other parts of that office, then the entire office would need to be isolated (preserved) until Comcare Inspectors advise otherwise.

In terms of subsection 39(3) of the WHS Act, subsection (1) does not apply to any action:

- (a) to assist an injured person
- (b) to remove a deceased person
- (c) that is essential to make the site safe or to minimise the risk of a further notifiable incident
- (d) that is associated with a police investigation
- (e) for which an Inspector or the regulator has given permission.

20a Primary reason for disturbance

There may be more than one permitted reason for the site to be disturbed. For example, it may have been necessary to disturb an incident site to assist an injured person and to make the site safe. Choose from the list the reason that caused the most disturbances or, if equal, choose any one of the relevant reasons.

20b How was the site disturbed

Examples:

- > The crane that had tipped over was leaking fuel onto the ground. To prevent ignition of the fuel several loads of sand were spread on the fuel and around the crane.
- > Emergency services personnel cut into the cabin of the truck, removing the roof and the passenger side door, in order to gain access to the injured driver. Police removed several items, including a mobile phone, from the cabin.
- > Several pallets of stock were moved from the area to enable emergency vehicles to have access. The chemical spill was cleaned up to limit the spread of harmful fumes to neighbouring properties and prevent discharge into the nearby lake. All warehouse doors were opened to increase ventilation to the area.

From: s 22
To: [Notify](#)
Subject: Telephone Notification - 02.05.24 - Lee Point Road, Lee Point NT - Defence Housing Australia - NT [SEC=OFFICIAL]
Date: Thursday, 2 May 2024 2:02:11 PM
Attachments: [On call telephone advice or notification of an incident - 02.05.24 - DHA - Lee Point, Darwin NT.DOC](#)
[image001.png](#)
[image003.png](#)
[image005.png](#)
[image006.png](#)

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Good afternoon Notify,
Please find attached completed on call notification form for an incident that occurred at the Defence Housing Australia development site at Lee Point NT on 02 May 2024.
Please don't hesitate to contact me if you have any questions.
Kind Regards,

s 22

Senior Inspector

Regional Operations SA/NT | Regulatory Operations Group
Comcare
s 22 | s 22



Comcare
GPO Box 1993, Canberra, ACT 2601
1300 366 979
www.comcare.gov.au
Three small blue square icons, each containing a white question mark, arranged horizontally.



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ON-CALL TELEPHONE ADVICE OR NOTIFICATION OF AN INCIDENT

Once completed send to
notify@comcare.gov.au

INITIAL DETAILS

PCBU	Defence Housing Australia		
Caller's PCBU (if different)		PWMC (if not the notifying PCBU)	
Caller's phone	s 47F	Caller's email	s 47F
Date of call	02/05/2024	Time of call	11:23 AM
Incident previously notified to Comcare? If yes, what is the notification reference number?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Ref No:
If other PCBUs involved, has the state/territory WHS regulator been notified? Ref number if known?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Ref No: unknown
Are other regulatory/law enforcement agencies required?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
List and advise if they are in attendance/in the process of responding (include contact details): NT police were in attendance at the incident site.			
Is the scene being held by police?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Details:			

NATURE OF CALL AND OUTCOME

A caller telephoned Comcare:	<input type="checkbox"/> To notify a notifiable incident in terms of section 38 of the WHS Act <input checked="" type="checkbox"/> To enquire whether an incident was notifiable
As a result of the telephone call the caller:	<input checked="" type="checkbox"/> Notified the incident to Comcare on behalf of the PCBU <input type="checkbox"/> Did not notify the incident – caller considered incident to be not notifiable <input type="checkbox"/> Did not notify the incident – caller had no authority to notify for the PCBU

If the caller telephoned Comcare to make a WHS complaint, please email details of the call/complaint/request to Comcare's WHS Helpdesk at WHS.help@comcare.gov.au

INCIDENT DETAILS

Incident date	02/05/2024	Incident time	Unknown at the time of the call
Incident full address and postcode (Include country if International)	Lee Point Road, Lee Point NT 0810		
Workplace known as / exact location			
Did the incident occur at a Major Hazard Facility?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

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Is there likely to be CCTV or other video footage of the incident?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
How is this being secured?		
Have photographs been taken of the incident scene?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
By whom? Caller will provide photographs via email to the Inspector.		

SEQUENCE OF EVENTS

The Incident	
<ul style="list-style-type: none"> What happened? Events leading up to the incident Incident cause (if known) 	<p>On 2 May 2024 at the Defence Housing Australia (DHA) Lee Point Development, a security contractor has stepped on a homemade iron spike that had been thrown over a fence by protestors in the area. The iron spike went through the workers boot and foot.^s 47F</p> <p>The caller stated the security contractor was contracted by Defence Housing Australia to provide security on the development site. Police were in attendance onsite.</p> <p>Caller decided to err on the side of caution and notify the incident.</p>
The Activity	
<ul style="list-style-type: none"> What activity was being performed when the incident occurred? 	Site Security.
Plant/Equipment/Substances	
<ul style="list-style-type: none"> What, if any, plant, vehicles, equipment, substances or things were involved in the incident? (Include make/model if known) 	Homemade iron spike.
Existing Controls	
<ul style="list-style-type: none"> What controls were in existence for this hazard at the time of the incident (e.g., guards, procedures, training, supervision, etc)? 	Unknown at the time of the call.
Emergency Management	
<ul style="list-style-type: none"> What emergency protocols were in place for this hazard (e.g., plans, emergency response teams, first- 	Unknown at the time of the call.

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aid, secondary or vicarious trauma management)? • How were they applied?	
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INJURED PERSONS

Deceased/injured/exposed person's name (any known contact information)	Relationship to PCBU (i.e. employee, contractor, MOP)	Injury/illness details	Details of any treatment received or needed, location of treatment (i.e. hospital name)
Name unknown at the time of the call.	Contractor	Extent of injury unknown at the time of the call.	s 47F

ACTION TAKEN OR PROPOSED TO PREVENT A RECURRENCE OF A SIMILAR INCIDENT

Immediate preventative action	
<ul style="list-style-type: none"> What action was taken immediately following the incident to prevent a recurrence of a similar incident, or to minimise any risk to WHS that was present because of the incident? Is the PCBU satisfied that there is no immediate or imminent serious threat to safety? If so, why? If not, why not and how and when will the PCBU have it controlled? 	Worker immediately taken to the nearest hospital for treatment.
Long Term Remedial Action	
<ul style="list-style-type: none"> What longer term remedial actions are planned to prevent recurrence (if known) (i.e. has PCBU initiated an investigation)? 	Unknown at the time of the call, Comcare to make further enquiries.
Hazard Identification & Management	
<ul style="list-style-type: none"> Does this hazard exist elsewhere in the organisation? If yes, detail location of the hazard. 	Unknown at the time of the call, Comcare to make further enquiries.

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<ul style="list-style-type: none"> If yes, is the immediate risk now eliminated or, if not possible, reduced so far as reasonably practicable in those locations? How was this achieved? 	
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If there remains an immediate/imminent serious risk to health and safety, and you (the Inspector) form the reasonable belief that the activity is occurring or may continue to occur then you must consider issuing an oral prohibition direction. See Appendix A

PRELIMINARY ASSESSMENT BY INSPECTOR FOR INCIDENT NOTIFICATIONS

The incident is likely to be:	<input type="checkbox"/> Notifiable – Death <input type="checkbox"/> Notifiable – Serious Injury or Illness <input type="checkbox"/> Notifiable - Dangerous Incident <input checked="" type="checkbox"/> Not notifiable
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SITE DISTURBANCE (Notifiable incidents only)

Has the incident site been disturbed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what is the primary reason for disturbance?	Is the disturbance for an allowable reason set out in s39(3) of the WHS Act? <input checked="" type="checkbox"/> To assist an injured person <input type="checkbox"/> To remove a deceased person <input type="checkbox"/> To make site safe/minimise the risk of a further incident <input checked="" type="checkbox"/> Police investigation <input type="checkbox"/> Inspector of the Regulator has given permission
If yes, how was the site disturbed?	Police investigation – Police undertook an investigation to assess criminal responsibility of the incident.
If no, how is the PCBU preserving the site?	

Consider issuing a Non-Disturbance notice to the PWMC to preserve the scene if this is a notifiable incident and the scene is required s198 & 199(1)(b) of the WHS Act

INSPECTOR'S AUTHORITY TO DISTURB INCIDENT SITE (notifiable only)

<input type="checkbox"/> I have NOT AUTHORISED site disturbance. I have advised the caller that the person with management or control of the site must ensure so far as reasonably practicable that the incident site is not disturbed until an inspector arrives at the site or until an inspector directs.
<input checked="" type="checkbox"/> I have AUTHORISED FULL SITE DISTURBANCE . Site no longer held by NT Police; investigation conducted by Police in relation to criminal responsibility. Scene release provided from a Comcare WHS perspective.
<input type="checkbox"/> I have AUTHORISED PARTIAL SITE DISTURBANCE . List what the partial site disturbance is and why it is only partial: <i>(Ideally the limitations should be sent via email to avoid confusion unless straightforward)</i>

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Date/Time site disturbance authorised	02/05/2024 -11:30 AM

WRITTEN NOTIFICATION

I advised the caller to ensure the PCBU submits a written notification within 48 hrs:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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INSPECTOR DECISIONS (post call)

Is immediate site attendance necessary?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is a CRITICAL INCIDENT BRIEF required? (If yes - Inspector to prepare brief, requiring Regional Director approval & circulation)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is referral of incident or engagement with other regulators/agencies required?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Inspectors Recommendation	<input checked="" type="checkbox"/> Further analysis / information required <input type="checkbox"/> Inspectorate action <input type="checkbox"/> No further action
<i>My Recommendation is based on:</i> <input checked="" type="checkbox"/> whether risk has been eliminated and/or controlled so far as is reasonably practicable <input checked="" type="checkbox"/> severity of the incident and likelihood of it occurring again <input checked="" type="checkbox"/> local intelligence/trends of similar incidents/concerns <input type="checkbox"/> incident notification timeliness <input type="checkbox"/> corporate priority	

INSPECTOR'S DETAILS:

Inspector	s 22	Region	Regional Operations SA/NT
Date	02/05/2024	Mobile	s 22

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APPENDIX – A

ORAL PROHIBITION DIRECTION

If needed, use below to give oral direction:

“On date at time I, inspector name and ID am giving person’s name who has control over the activity, and their position a direction prohibiting the carrying on of describe activity / or the carry on describe activity in a specified way, until an inspector is satisfied that describe hazard/matter creating the describe risk have been remedied.

I believe that grounds for the prohibition notice exist as describe grounds and the basis of my belief is describe belief.

I believe the describe activity involves or will involve describe risk and hazard/matter that give or will give rise to the describe risk.

I believe state provision in WHS Act is being, or is likely to be, contravened by describe activity.”

Follow up with a written Prohibition Notice as soon as practicable (s195).

Details of reasonable belief	I know objective fact I believe these objective facts are sufficient and are in existence
What Activity	
Workplace	
Describe the serious risk to health and safety of a person	
Details of the immediate or imminent hazard	